

REQUEST FOR FLEXIPLACE

Type of Flexiplace Request (check box(es))		Medical		Regular		Situational	
Preferred Location (check box(es))		Home		TeleCenter		Forrestal	
SECTION 1 (To Be Completed By Employee)							
Employee Information				Rating Official Information			
Name				Name			
Title, Series, Grade				Title			
Routing Symbol				Telephone			
Telephone							
Office Location							
SECTION 2 (To Be Completed By Employee)							
a. Employee has a copy of the MA Flexiplace Guide.							
b. Tasks and activities to be performed on flexiplace, reflected on employee's performance plan, are summarized (Attachment A-1).							
c. Flexiplace work schedule including times, days, and location for each day of the pay period is completed (Attachment A-2)							
d. The following equipment, software and supplies will be needed:							
e. The employee requests that the following be provided by the organization:							
Equipment:				Other:			
Software:							
f. For medical flexiplace only. Anticipated duration of flexiplace assignment:							
Starting date				Ending date			
Medical documentation attached: _____ Yes _____ No; if no, reason why:							

SECTION 3 (To Be Completed By The Rating Official)
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a. Is frequent face-to-face contact with clients/coworkers vital in order to complete task(s) and/or activities listed in Attachment A-1?	yes -	no -
b. Is frequent supervisory review, while work is in progress, required as a routine part task(s) and/or activities listed in Attachment A-1?	yes -	no -
c. Do security or technical reasons prevent information from being used on flexiplace which is needed to perform the work effectively?	yes -	no -
d. Was the most recent performance rating below the Level 2 or equivalent?	yes -	no -
e. Are there other concerns that might adversely affect the employee's participating in flexiplace?	yes-	no -

Answering **YES** to any of the above questions may result in the application being disapproved. The rating official should explain, in writing, any **YES** answers:

SECTION 4 Action on Application (To Be Completed By Rating and Reviewing Officials)

Rating Official: Approval recommended: _____

If approval is not recommended, reason(s), including alternate recommendation(s):

Signature:

Date:

Reviewing Official: Approval granted: _____

If approval is not granted, reason(s), including adoption of rating official's recommendation(s):

Signature:

Date:

Note: If the application is disapproved the employee will given the right to file a grievance under the appropriate grievance procedure, according to bargaining unit status.

A-1 Request for Flexiplace

Employee's Name:

Tasks and Activities to be performed while on Flexiplace:

<p>Element: _____</p> <p>Tasks/activities:</p> <p>Percentage of duty time spent on these tasks/activities: _____</p>
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<p>Element: _____</p> <p>Tasks/Activities:</p> <p>Percentage of duty time spent on these tasks/activities: _____</p>
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<p>Element: _____</p> <p>Tasks/Activities:</p> <p>Percentage of duty time spent on these task/activities: _____</p>

Add more copies of A-1 if necessary.

OR

Special Projects and/or supplementary activities:

A-2 Request for Flexiplace

Work schedule (official tour of duty) while participating in flexiplace is:

Pay Period Work Week	Day	Hours From To		Duty Station Official Alternate	
Week 1	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
Week 2	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Distribution
If approved:

Original: Attach to flexiplace agreement
Copy: Rating Official
Copy: Flexiplace Coordinator

If disapproved:

Original: Employee
Copy: Rating Official
Copy: Flexiplace Coordinator
Copy: NTEU (bargaining unit)